

Provider Type 39 Adult Day Health Center Reimbursement Schedule

Updated: May 1, 2015

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Note:

Procedure codes with a rate of \$0.00 are reimbursed at 62% of Usual and Customary charges unless noted otherwise in Nevada Medicaid policy.

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[Modifier List](#)

Proc	Mod	Description	Rate
S5100		ADULT DAYCARE SERVICES 15MIN	2.27
S5102		ADULT DAY CARE PER DIEM	54.48